

BOROUGH OF WHITEHAVEN.

Education Committee.

Annual Report

OF THE

School Medical Officer,

For the Year 1924.

MALCOLM MANSON, M.C., M.A., M.D., D.P.H.,
School Medical Officer.

WHITEHAVEN :

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TO THE WHITEHAVEN EDUCATION COMMITTEE.

TOWN HALL,
WHITEHAVEN,

March 16th, 1925.

Mr. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present to you my Annual Report as School Medical Officer for the year 1924. The form of the Report has been, as in former years, prescribed by the Board of Education, and, so far as possible, I shall follow the suggestions made as to its arrangement.

1. *Staff.* The School Medical Staff consists of the School Medical Officer, the School Dentist and the three School Nurses. This is an improvement on the staff of former years, inasmuch as a third nurse was appointed during the year, who devotes her time one-third to School Medical Work and the other two-thirds to Child Welfare Work and Tuberculosis. The other two nurses, as in former years, divide their time equally between the duties of School Nurse and those of Health Visitor. Another improvement is that the School Dentist now devotes two days per week to examination and treatment of elementary school children in Whitehaven, instead of one day per week, as in former years. This naturally enables him to do twice as much work as formerly, and although the full effect of this increased work has not yet been seen, the resulting improvement in the dental state of the school children ought to be manifest in a year or two. I am particularly glad that the Committee has increased the dental service in this way, as I look on the work done by the School Dentist as one of the most valuable activities of the School Medical Service.

2. *Co-ordination with other Health Services.* The School Medical Officer being also Medical Officer of Health for the Borough, and the School Nurses being also Health Visitors, it follows that there is the closest possible co-operation between the Child Welfare Department and the School Medical Service. By this means children can be kept under observation by the same staff from the time when they first come under the attention of the Health Visitors, as infants of a few weeks, in their own homes or at the Child Welfare Centre, until they leave school.

3. *School Hygiene.* In my previous Annual Reports, as well as in several special reports, I have directed the attention of the Committee to the very unsatisfactory state of the majority of the elementary schools in the town from a hygienic point of view. During the past year certain improvements have to be recorded. Practically every school has been re-decorated, the exceptions being Kells Infant School, which is so new that re-decoration is not yet necessary, and Monkswray Council School, where extensive alterations are contemplated. These have been under contemplation for over two years now, and it is to be hoped that a commencement will be made with them as soon as possible, as the school in its present state is very far from satisfactory. At the St. James' Schools the improvements in the sanitary accommodation, asked for two years ago, have been carried out during the past year, and at the same time improvements in the school yards have been effected. At St. Begh's School a commencement has been made with the building of the new Boys' Department, which, when completed, will be a very great improvement to this much overcrowded school.

In spite of these improvements, however, very much remains to be done before the Committee can have any cause for satisfaction in the state of the Whitehaven schools, and it is very gratifying to me as School Medical Officer to know that the Board of Education have intimated that the worst of these schools, from the structural and hygienic point of view, Trinity, St. James' and Monkswray can only be recognised for grant for a limited period, after 1924. It is to be hoped that the Committee will face this problem now that it has been pressed on them by the Board of Education, and devise a comprehensive scheme for the supply of the new school accommodation so urgently required, before the needs of the children under their care can be adequately met.

A year ago I called the attention of the Committee to the necessity for the supply of modern desks in many of the schools, to replace the old long forms, without backs, still in use, and the Committee very readily made allowance in the estimates for the replacement of a large proportion of the old forms. The new furniture supplied has been much appreciated in the schools, and the replacement of the old forms yet remaining, which is expected to be effected during the present year, ought to result in considerable improvement in the comfort of the children in school.

There is one matter to which the Committee might usefully call the attention of the School Managers. In many of the schools, the cleaning done by the caretakers is not all that

might be desired, the regular cleaning being very often little more than a perfunctory dry-dusting, which merely displaces dust from one part of the school-room to another. More frequent thorough cleansing of the schools is necessary, with more attention paid to the cleaning of the windows so that the schools may be as light and airy as possible, instead of being dark and dingy, as some of them tend to be.

Another matter which I have previously brought to the attention of the Committee, and which I wish to emphasise again, is the necessity for the provision of playing fields or playgrounds for the elementary school children. Few towns are so crowded as Whitehaven is, with its narrow streets and dark courts, and the necessity for the provision of some alternative to the streets, for the children's games, is a crying one. It has been found possible to provide playing fields for the secondary school, and there is, if anything, greater need for providing them for the elementary schools. I am aware that the Committee has had this matter under consideration, but nothing has been done so far, and I wish to state as my opinion that it is a matter of prime importance to the general well-being of the children in the centre of the town that some provision of playing fields or playgrounds should be made. Where the playing fields are to be found is not easy to say, but the problem ought not to be insoluble.

4. *Medical Inspection.* There has been no change in the system of medical inspection carried out in previous years. So far as possible, every school has had a medical inspection once every term, the children examined being (a) entrants or children attending school for the first time, (b) intermediates or children of eight years, and (c) leavers, or children of twelve or over who have not been previously examined in that age group. At these routine inspections, 1,013 children in all were examined, 358 as entrants, 249 as intermediates, and 310 as leavers, while 96 were of ages outside the three code age-groups.

In addition to these routine inspections, 254 special cases were examined, and 511 children re-examined. The "specials" are children not included in any routine age-group, who are referred to the School Medical Officer, by Teachers, Nurses or School Attendance Officer, or are brought by their parents or guardians. Many of them were seen at school at the time of the routine inspections, but the majority were seen at the School Clinic. The children re-examined were those seen previously at routine inspections, and found to show defects which either required treatment or to be kept under observation, the object of the re-examination being to see whether improvement in the defects had taken place.

5. *Findings of Medical Inspection.* Tables II., III. and IV. at the end of this Report, give the results of the medical inspections and of the treatment received by the children found to require it. These results are partly summarised at the end of Table II., where it is seen that of the 917 children examined in the three code age-groups, 158 or 17.2 per cent. were found to be in need of treatment, while of the 96 children of other ages, examined, 10 or 10.4 per cent. were found to require treatment. The percentages of the different age-groups requiring treatment were, entrants 12.5 per cent., intermediates 21.3 per cent. and leavers 19.3 per cent. With the exception of the leavers, where the percentage is practically the same as last year, all the groups show a smaller percentage of defects requiring treatment than in 1923. The percentage of children with defects requiring treatment is becoming gradually lower as the years pass. This very gratifying state of affairs is, in my opinion, due in large part to the very good use that is made of the School Clinic, to which the children are encouraged to come for treatment of minor ailments, which, when taken at their inception, are easily dealt with, while if neglected, they might only be detected later at the routine inspections as serious defects requiring active treatment.

Another cause of the improvement in the health of the school children, which is indicated by the diminution in the number of defects found now, as compared with a few years ago, is the very fact of school medical inspection itself. Parents are becoming accustomed now to having their children examined at school, and their attention drawn to the defects found, a large proportion of which would certainly never have been discovered at such an early stage, but for school medical inspection, and a considerable proportion of which would never have received proper treatment but for the persistent "following up" of the School Nurses. The treatment of these defects naturally causes an improvement in the general health of the children, and this improvement is becoming more marked every year.

(a) *Malnutrition.* It will be seen from Table II. that twenty children were classified as showing evidence of serious malnutrition. This small number does not, of course, represent all the badly nourished children attending school, but merely those in whom no definite disease could be found to account for the malnutrition. Apart from these, I have found as in previous years, that in practically every school a proportion of the children appear to be badly nourished. The causes of the badly nourished state of many of the children are, no doubt, financial, especially where large families are concerned, but in many cases, what is lacking, is care on the part of the

parents. Children are allowed to play about the streets till late in the evening, the result being that in the morning they may have to go to school with no breakfast other than a piece of bread and a cup of tea. The meals given in many cases are far from satisfactory, and from personal observation and enquiry I am convinced, that many of the housewives in Whitehaven have much to learn in the way of preparing simple nutritious food for their children. When a feeding Centre has been opened for school children in Whitehaven, it has been remarkable how many of the children seemed quite at a loss to know what to do with simple fare like porridge and milk, or soup, while even the youngest was quite at home with bread and cocoa. In the course of my work, I come across many homes, sometimes with quite large families, where no fresh milk at all is purchased, an occasional tin of condensed milk, meeting the requirements of the home. Where such ignorance is prevalent, it is not surprising to find many of the children badly nourished and rickety, and hope for the future seems to lie in the slow process of education of the populace in food values.

(b) *Uncleanliness.* As in previous years the schools have been systematically visited every term by the School Nurses, for the purpose of examining the children from the point of view of cleanliness. 9,389 inspections of individual children were made during the year and only 66 children found to be verminous. This is a considerable improvement on the experience of former years and indicates that some progress is being made in this direction. It is the case, as in former years, that it is very often the same children who are excluded time after time, and that but for the carelessness of the parents of a comparatively small number of children, the work of the school nurses would be considerably lightened and the parents of the better cared for children, saved much worry.

(c) *Clothing and Footgear.* While the majority of the children examined were well clothed and shod, a considerable proportion were not. This is, no doubt, due to the poor earnings of a large part of the mining community. As in former years some of the worst cases have been alleviated partly by the efforts of the School Nurses and partly by the local police force.

(d) *Minor Ailments.* Ninety-five children were referred for treatment on account of minor ailments, such as various skin conditions, minor injuries, and external diseases of the eyes and ears. Some of these children received treatment from their family doctors, but the majority were treated at the School Clinic.

(e) *Tonsils and Adenoids.* Thirteen children were referred for operative treatment because of defects under this head,

while fifty-seven were referred for observation. In these latter cases it is often found that the slightly enlarged tonsils found at one examination have reverted to normal size by the next, so that no operative interference is necessary. In the former cases, operation is recommended only when there is evidence of harm to the child's development resulting from the condition present. These cases are referred to the family doctor for treatment.

(f) *Tuberculosis*. Eleven children were found to show definite signs of pulmonary tuberculosis, while twenty-six were classified as "suspected." Non-pulmonary tuberculosis was found present in ten children. All children found to show definite or suspicious signs of tuberculosis were sent either to their own doctors for the necessary observation and treatment, or where, for any reason, there was any difficulty in obtaining medical attention, to the Tuberculosis Dispensary.

(g) *Defective Vision*. Fifty-seven children were referred for treatment on account of defective vision, and fourteen on account of squint, while sixty-five children were kept under observation on account of slightly defective vision.

(h) *Teeth*. Table IV., Group IV., shows that of 1,193 children inspected by the School Dentist, 836 were found to require treatment, and of that number 819 actually received treatment. In addition, 226 children who had been treated by the Dentist during the previous year, received further treatment.

(i) *Crippling Defects*. Forty children were found to be suffering from severe crippling conditions. In twelve cases the cause was non-pulmonary tuberculosis; in the others the chief causes were rickets, infantile paralysis, and congenital defects.

6. *Infectious Diseases*. Most of the ordinary infectious diseases occurred among school children in Whitehaven during the year, but with the exception of Mumps, not in epidemic form. Mumps was however widespread throughout the town for several months, but in a mild form, so that it did little damage beyond interfering with school attendance. In April Smallpox broke out in the town, but the prompt recognition of the first case to occur in a school child, by one of the School Nurses in the School Clinic, was of the greatest possible value as it directed attention to an infected household, and enabled the necessary steps to be taken for the prevention of spread of infection. Fortunately no difficulty was experienced in having all the school contacts of the infected children, vaccinated or re-vaccinated, and no further cases occurred. In December

a few cases of Scarlet Fever occurred among school children, but the disease was fortunately of a mild type, and no deaths occurred. During the year 135 cases of infectious disease of one form or another were notified to me from the schools, home visits being made by the School Nurses in practically every case.

7. *Following up.* The practice followed in previous years was continued in 1924. All defects found at medical inspections for which treatment is thought necessary, are reported in writing to the parents or guardians, with a recommendation that the family doctor be consulted. This report is followed by a home visit by one of the School Nurses, a week or two later, to see whether any action has been taken, and these visits are repeated at intervals until medical attention is obtained. In most cases little difficulty is experienced in obtaining proper treatment for the children, but occasionally it is necessary to bring pressure to bear on parents, who do not seem to realise their responsibility towards their children, and in these cases ready assistance is obtained from the Inspector of the National Society for Prevention of Cruelty to Children. In this work of following up, 887 home visits were paid during the year by the School Nurses.

8. *Medical Treatment.* All cases found to require treatment, are referred, as has been said above, to the family doctor. Only when, for one reason or another, treatment is not being obtained and there seems little likelihood of obtaining it, is treatment given at the School Clinic. The great majority of such cases are minor ailments, septic conditions of the skin, discharging ears, and chronic inflammatory conditions of the eyes, conditions which are apt to be neglected by many parents, and may be the cause of a good deal of ill-health and incapacity in children. Such cases are kept under treatment at the Clinic in most cases, until a cure is obtained.

(a) *Minor Ailments.* In Table IV., Group I., it will be seen that 650 children received treatment during the year for minor ailments. Some of these children had been referred for treatment from the routine and special medical inspections, but most of them were special cases sent to the Clinic by the school teachers or brought by their parents. The great majority were treated at the School Clinic.

(b) *Tonsils and Adenoids.* Thirteen cases were referred for treatment under this heading, and twelve of these received treatment, ten of them being submitted to operation, the operation in the majority of the cases being done in the Whitehaven and West Cumberland Infirmary.

(h) *Tuberculosis.* Eleven children were found to show definite signs of Pulmonary Tuberculosis. Five of these received sanatorium treatment, while two others were awaiting admission to the sanatorium at the end of the year. Of the remainder, two were under treatment by their own doctors, and the others attended at the Tuberculosis Dispensary. Of 26 "suspected" cases, 14 attended for observation at the Dispensary, while the others were referred to their own doctors. Twelve children were found to suffer from Non-Pulmonary Tuberculosis. Three of these received institutional treatment. The others were kept under the family doctors.

(d) *Visual Defects.* Seventy-one children were referred for refraction on account of defective vision, or squint, and we have records of 75 being actually submitted to refraction, some of these being cases left over from the previous year. Of the 75, 69 were fitted with spectacles, 59 of them at the School Clinic and the others by private practitioners, or by opticians. During the year an arrangement was entered into by which all difficult cases of refraction will in future be referred to Dr. Ross, of Carlisle, on the same terms as those for which he does similar work for other Education Authorities.

(e) *Dental Defects.* The work done during the year by the School Dentist is shown in full in Table IV., Group IV. The method adopted by Mr. Robinson is that suggested by the Board of Education a few years ago, viz., to inspect all children between the ages of 6 and 8 years, and supply such treatment as he considers necessary. In addition he deals with special cases of all ages, sent to him by the School Nurses, parents, or School Medical Officer, and also tries to keep under observation as many as possible of the children treated in previous years. In the past it has been absolutely impossible for him to do all this work adequately, devoting only one day per week to the work, but now that his services have been obtained for a second day each week, he is in a better position to overtake the work.

(f) *Cripple Children.* Forty children were classified as cripples. This may appear to the Committee to be a large number, but it includes all those still at school who have already received institutional and other treatment under the Authority's Orthopædic Scheme. These children are now being sent to the Ethel Hedley Hospital for Cripple Children, at Windermere, where the treatment is under the active supervision of orthopædic surgeons from Manchester. The results, I am glad to say, have been satisfactory, and this is a branch of the School Medical Service, which is much appreciated by

the parents of the children who have been fortunate enough to obtain treatment. On their return from Hospital, the children are kept under observation by the Hospital Staff, at the After-Care Clinic, held once a month, in Whitehaven, by the County Council. The Committee have now entered into an arrangement with the County Council whereby this After-Care is put on a satisfactory basis. In addition to the cripples dealt with under the Education Authority's Orthopædic Scheme, others have received treatment at the local infirmary or at different hospitals in the larger cities. The result of this activity during the past few years is that, in Whitehaven, cripples are being treated more quickly than they are being created, so that in a few years more the problem will be a much simpler one than it has been.

9. *Open-air Education.* There is no provision in Whitehaven for open-air education, except that playground classes are held in some of the schools during the summer months, when the weather permits. The Committee will have under consideration in the immediate future, the provision of new schools in the town, and I hope that in planning these, it may be possible to bear in mind, the advisability of making the new schools conform to the open-air pattern as much as possible, also that the school yards provided will be of adequate size. Whitehaven children have suffered in the past from dark and dingy schools with very small yards, a fact which ought to be kept in mind in planning new schools.

10. *Co-operation of Teachers.* As in previous years, I am glad to say that I have at all times received every assistance from the school teachers in connection with the school medical work. Without their interest and co-operation the success of the school medical service would be much impaired, and I am glad to have this opportunity of expressing my appreciation of the help I have received in all the schools. This was particularly serviceable during the Health Week celebration in October, the success of which was in large part contributed to by the active interest and co-operation of the teachers. A special feature of Health Week was the attempt made to interest the school children in matters affecting health. This was done by special lessons on hygiene given by the teachers, a lecture on health in each upper school by one of the local doctors, special health films shown at cinema performances for school children, and a prize essay competition in each school for an essay on a health subject. In all these activities as well as in the entertainments provided at the Health Exhibition, the active interest and support of the teachers were a very large factor in the success of the venture.

11. *Employment of School Children.* The Bye-laws for regulating the Employment of School Children and Young Persons have been in operation throughout the year, and all children employed out of school-hours have been periodically examined. In this as in other matters I have had the active co-operation of the School Attendance Officer.

12. *School Clinic.* As in previous years a very marked feature of the success of the School Medical Service has been the School Clinic. This is open every school morning, when the School Nurses carry out the treatment of a great variety of minor ailments in children sent from the schools or brought by their parents. I have already in this Report commented on the very beneficial effect the good work done in the Clinic from year to year is having on the health of the school children generally, and the Committee will be glad to know that the value of the Clinic is abundantly recognised in the schools, as well as by the medical profession in the town, some of the members of which refer certain of their school patients to it for treatment.

During the year the number of children who attended the Clinic was 708, and the total attendances made, 5187. The School Medical Officer attends at the Clinic one morning each week to see cases referred to him by the Nurses, and generally supervise the work done. Another morning each week or as often as possible he attends for the purpose of doing refraction work. Two days a week the School Dentist uses the Clinic for dental treatment. Altogether the amount of work done at the School Clinic is increasing from year to year, and the Committee may rest assured that in it, they have an institution which is of great value to the health of the school children of the town.

I am, Ladies and Gentlemen,

Your obedient Servant,

MALCOLM MANSON,

School Medical Officer.

MEDICAL INSPECTION RETURNS.

Year ended December 31st, 1924.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Entrants	200	158	358
Intermediates	136	113	249
Leavers	159	151	310
Total		...	917

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Number of other Routine Inspections	46	50	96

B.—OTHER INSPECTIONS.

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Number of Special Inspections ...	127	127	254
Number of Re-Inspections ...	260	251	511
Total		...	761

TABLE II.—Return of Defects found in the Course of Medical Inspection in 1924.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIALS.	
	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition ...	17	2	1	...
Uncleanliness—Head ...	...	...	...	...
Body ...	...	...	...	...
Skin—Ringworm (Head) ...	1	...	13	1
(Body) ...	...	...	10	1
Scabies ...	1	...	15	...
Impetigo ...	13	...	...	...
Other Diseases (Non-Tubercular) ...	12	2	...	2
Eye—Blepharitis ...	13	...	...	...
Conjunctivitis ...	1	...	4	...
Keratitis ...	1	..	1	...
Corneal Ulcer ...	...	...	...	...
Corneal Opacities ...	...	3	...	2
Defective Vision ...	56	65	1	...
Squint ...	6	...	8	...
Other Conditions ...	2	3	...	1
Ear—Defective Hearing ...	3	...	4	...
Otitis Media ...	9	...	1	...
Other Ear Diseases ...	...	...	...	...
Nose and Throat—Enlarged Tonsils ...	6	45	...	...
Adenoids ...	4	9	...	...
Enlarged Tonsils and Adenoids... ..	3	3	...	...
Other Conditions ...	2	2	25	1
Enlarged Cervical Glands (Non-Tubercular) ...	2	...	36	...
Defective Speech ...	...	10	...	2
Teeth—Dental Diseases ...	See Table IV., Group IV.			
Heart and Circulation—Heart Disease : Organic ...	2	4	...	...
Functional ...	...	6	...	...
Anæmia ...	9	3	3	1
Lungs—Bronchitis ...	15	11	4	3
Other Non-Tubercular Diseases ...	...	...	...	...
Tuberculosis Pulmonary : Definite ...	5	...	6	...
Suspected ...	7	...	14	5
Non-Pulmonary : Glands ...	...	...	1	...
Spine ...	...	...	1	...
Hip ...	...	...	1	...
Other Bones & Joints ...	...	...	2	2
Skin ...	...	...	1	...
Other Forms ...	...	...	2	...
Nervous System—Epilepsy ...	1	2	...	...
Chorea ...	...	...	2	...
Other Conditions ...	...	...	...	3
Deformities—Rickets ...	2	5	4	...
Spinal Curvature ...	...	...	..	...
Other Forms ...	4	4	...	...
Other Defects and Diseases ...	1	4	23	11

				Number of Children.		Percentage of Children
GROUP.				Inspected.	Found to require Treatment.	found to require Treatment.
Code Groups :—						
Entrants		...	...	358	45	12·5
Intermediates		...	...	249	53	21·3
Leavers		...	...	310	60	19·3
Total (Code Groups)		...	...	917	158	17·2
Other Routine Inspections		...	...	96	10	10·4

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

	—	—	Boys.	Girls.	Total.
Blind (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	1	...	1
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	...	...	...
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
Deaf (including deaf and dumb and partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	5	...	5
		Attending Public Elementary Schools	1	...	1
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	...	...	...
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
Mentally Defective	Feebleminded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children...	1	...	1
		Attending Public Elementary Schools	7	4	11
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	1	1
	Notified to the Local Control Authority <i>during the year.</i>	Feebleminded ... ..	...	...	...
		Imbeciles ... ..	...	...	...
		Idiots ... ..	...	...	...
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	...	...	...
		In Institutions other than Certified Special Schools ...	...	...	...
		Attending Public Elementary Schools	1	...	1
		At no School or Institution ...	...	...	...
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	2	1	3
		At no School or Institution ...	...	...	...

TABLE III.—*continued.*

Physically Defective	—	—	Boys.	Girls.	Total.
	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	2	5
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	6	5	11
		At other Institutions ...	...	...	...
		At no School or Institution ...	5	...	5
	Delicate children (<i>e.g.</i> , pre - or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	6	7	13
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	2	...	2
		At Public Elementary Schools	4	3	7
		At other Institutions ...	...	...	...
		At no School or Institution ...	1	2	3
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools...	2	2	4
		At Certified Residential Cripple Schools ... ..	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools	12	11	23
		At other Institutions ...	1	...	1
		At no School or Institution ...	...	...	...

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR 1924.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp	8	5	13
Body	14		14
Scabies	9	6	15
Impetigo	108	...	108
Other Skin Disease	5	4	9
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	109	5	114
Minor Ear Defects	49	1	50
Miscellaneous (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.) ..	323	4	327
Total	625	25	650

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	65	1	9	75
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ... ..	...	...	...	...
Total	65	1	9	75

TABLE IV.—*continued.*

Total number of children for whom spectacles were prescribed—

(a)	Under the Authority's Scheme	...	...	59
(b)	Otherwise	...	...	10

Total number of children who obtained or received spectacles—

(a)	Under the Authority's Scheme	...	...	59
(b)	Otherwise	...	...	10

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
...	10	10	2	12

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	$\left\{ \begin{array}{l} 5-93 \\ 6-67 \\ 7-224 \\ 8-59 \end{array} \right\}$	Total, ...	843
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Specials	350
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Grand Total ... 1193

(b) Found to require treatment ... 836

(c) Actually treated ... 819

(d) Re-treated during the year as the result of periodical examination ... 226

(2) Half-days devoted to :—

Inspection	...	...	...	12
Treatment	...	...	...	91

Total ... 103

TABLE IV.—*continued.*

(3)	Attendances made by children for treatment	...	1001
(4)	Fillings—Permanent Teeth	... ..	174
	Temporary Teeth	... ..	129
	Total	...	303
(5)	Extractions—Permanent Teeth	... ..	32
	Temporary Teeth	... ..	509
	Total	...	541
(6)	Administrations of general anaesthetics for extractions	... ..	—
(7)	Other Operations—Permanent Teeth	... ..	220
	Temporary Teeth	... ..	97
	Total	...	317

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.)	Average number of visits per school made during the year by the School Nurses	... ..	3
(ii.)	Total number of examinations of children in the Schools by School Nurses	... ..	9,389
(iii.)	Number of individual children found unclean	...	66
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	...	—
(v.)	Number of cases in which legal proceedings were taken :—		
	(a) Under the Education Act, 1921	...	—
	(b) Under School Attendance Byelaws	...	—

